

DEC 29 2005



North Oaks
PATENT AGENCY

North Oaks Patent Agency LLC
45 Island Road
North Oaks, MN 55127

Direct: (612) 850-1688
Fax: (612) 233-1317
Email: sdempster@noakspa.com

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TO:	FROM:
USPTO	Shawn B. Dempster
COMPANY:	DATE:
	December 29, 2005
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571-273-8300	18
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	D33-029-03-US
	YOUR REFERENCE NUMBERS:
	09/492,844

Re: **Office Action Response**

Attached please find a copy of the Response to Office Action dated June 29, 2005 along with accompanying transmittal letters.

If you have any questions, do not hesitate to contact me.

Regards,

Shawn B. Dempster
Reg. No. 34,321
612-850-1688

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PTO/SB/21 (09-04)


Approved for use through 07/31/2006. OMB 0851-0031
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/492,844	
	Filing Date	January 27, 2000	
	First Named Inventor	Joel Ronning	
	Art Unit	3625	
	Examiner Name	Garg, Yogesh C.	
Total Number of Pages in This Submission	18	Attorney Docket Number	D33-029-03-US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> For Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form (1 page) Exhibit A (3 pages)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	North Oaks Patent Agency		
Signature			
Printed name	Shawn B. Dempster		
Date	29 December 2005	Reg. No.	34,321

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Shawn B. Dempster	Date	29 December 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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